

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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TRAVIS GAMBERS,

Civil Action No. 1:07-cv-04841-BSJ

Plaintiff,

-against-

**DISCLOSURE PURSUANT TO
F.R.C.P 26(a)(1)**

THE CROWN PARADISE HOTELS,
THE CROWN PARADISE CLUB,
MARINA DE ORO, RESORTS
CONDOMINIUMS INTERNATIONAL, LLC,
FN REALTY SERVICES, INC.,

Defendants.

-----X

Plaintiff, TRAVIS GAMBERS, by and through his attorneys ZAREMBA BROWNELL & BROWN PLLC, as and for his Disclosure pursuant to the provisions of the Federal Rules of Civil Procedure, Rule 26, states as follows upon information and belief:

MEDICAL RECORDS

Enclosed herewith please find true and accurate copies of plaintiff's medical records, along with authorizations to enable defendants to obtain same from the following providers:

- Dr. Rodolfo Medina Hernandez
Basilio Badillo 365 1 er. Piso Col. Emiliano Zapata C.P. 48380
Puerto Vallarta, Jal. MEXICO
- Hospital CMQ de Vallarta
Basilio Badillo 365 1 er. Piso Col. Emiliano Zapata C.P. 48380
Puerto Vallarta, Jal. MEXICO
- Hospital San Javier Marina
Blvd. Fco. Medine Ascencio 2760
Zona Hotelera Nte C.P. 48333
Puerto Vallarta Jal, MEXICO
- Dr. Stuart Katchis
130 East 77th Street, 12th Floor
New York, New Yoerk 10021

- Recovery Physical Therapy, P.C.
3276 Westchester Avenue, 2nd Floor
Bronx, New York 10461

WITNESSES

The plaintiff is currently not aware of any witnesses to his accident, other than himself and two cleaning personnel (names unknown), who were employed by the defendants, Crown Paradise Club, Crown Paradise Hotels and/or Marina de Oro. In addition, immediately following the accident, plaintiff was tended to by The Crown Paradise Hotel/Crown Paradise Beach Club's manager and a physician employed by the defendants.

COMPUTATION OF DAMAGES SOUGHT

Pursuant to Rule 26(a)(1)(C), plaintiff's preliminary computation of damages include, but are not limited to:

- Bimalleolar fracture of the tibia and fibula of plaintiff's left ankle and leg, with insertion of hardware (screws and plates);
- Open reduction internal fixation surgery with insertion of screws and plates to plaintiff's left leg and ankle with internal fixation of the lateral and malleoli on September 27, 2006 at Hospital CMQ de Vallarta in Puerto Vallarta, Mexico;
- Minimally displaced fracture fragment of the distal fibula;
- Nerve damage to the saphenous nerve (on top of the foot) with significant numbness and loss of feeling, loss of use in his left foot, ankle and lower leg;
- Significant decreased range of motion in his left foot, ankle and leg;
- Severe pain and swelling on his left ankle, foot and lower leg;
- Difficulty weight bearing on his left foot, leg and ankle;
- Arthritic changes in his ankle;
- Permanent limited range of motion to his left foot, leg and ankle;
- Atrophy of left leg and foot muscles; and

- Plaintiff will require future surgery to remove hardware.

Plaintiff incurred medical expenses for his treatment in Mexico of approximately \$8,5000.00. Annexed hereto, please find copies of hospital bills for medical treatment while in Mexico. In addition, plaintiff has and continues to incur various outstanding medical expenses including co-pays for his treatment with Dr. Rodolfo Medina Hernandez, Dr. Katchis and with Recovery Physical Therapy, P.C. These expenses are ongoing and will be computed at a later date.


Plaintiff will require a future surgery to remove the hardware in an effort to relieve some of the pain he suffers, in hopes of increasing his range of motion.

PLEASE TAKE NOTICE, that plaintiff reserves the right to supplement the foregoing responses as information becomes available, up to and including the time of trial.

Dated: New York, New York
August 3, 2007

ZAREMBA BROWNELL & BROWN PLLC

By:


Brian M. Brown (BMB9021)
Attorneys for Plaintiff
TRAVIS GAMBERS
40 Wall Street, 28th Floor
New York, New York 10005
(212) 400-7226

TO: TO: Alice Spitz, Esq.
MOLOD, SPITZ & DESANTIS, P.C.
Attorneys for Defendants
MARINA DE ORO, THE CROWN PARADISE HOTEL
and THE CROWN PARADISE BEACH CLUB
104 West 40th Street
New York, New York 10018

C. Brian Kornbrek, Esq.
GREENBAUM, ROWE, SMITH & DAVIS LLP
Attorneys for Defendant
RCI
75 Livingston Avenue, Suite 301
Roseland, New Jersey 07068
(973) 535-1600

Dr. Rodolfo Medina Hernández

TRAUMATOLOGIA , ORTOPEDIA Y REHABILITACION

Certificado por el Consejo Mexicano de Ortopedia y Traumatología

REG. MED. 1785945

Puerto Vallarta a 27 de septiembre del 2006

Reporte Medico**Nombre;** Gambers Travis **Edad;** 58 años**Fecha de atención:** 26 de septiembre del 2006**Fecha de Cirugía:** 26/27 de septiembre del 2006**Fecha de alta hospitalaria:** 27 de septiembre del 2006**Antecedentes:** Se refiere Diabético, Hipertenso, con Epilepsia, con prótesis total de cadera izquierda, no refiere alergias a medicamentos, resto sin importancia para el padecimiento actual.**Padecimiento actual;** Refiere el paciente que unos minutos antes de su revision sufre inversión forzada del pie izquierdo.**Exploración Física:** Paciente conciente, ubicada en tiempo y espacio, con signos vitales hipertensión, con severo dolor, tumefacción, deformidad y limitación funcional del tobillo izquierdo.**Diagnostico;****1. Fractura Bimaleolar del tobillo izquierdo, desplazado y sub-luxado****Nota:** El paciente fue tratado quirúrgicamente de su fractura pero actualmente se encuentra en buen estado físico y mental para realizar su vuelo de regreso por línea aérea comercial a los Estados Unidos de América y solo se recomienda brindarle las debidas consideraciones durante su regreso.

Consultorio CMQ Hospital
Basilio Badillo 365 1er. piso Col. Emiliano Zapata, Puerto Vallarta, Jal.
Tel. (3)22-30878 Fax (3)22-23775
Urgencias: 22-31919 Celular: 90322-75260
rodolfomh@hotmail.com

Dr. Rodolfo Medina Hernández

TRAUMATOLOGIA, ORTOPEDIA Y REHABILITACION

Certificado por el Consejo Mexicano de Ortopedia y Traumatología

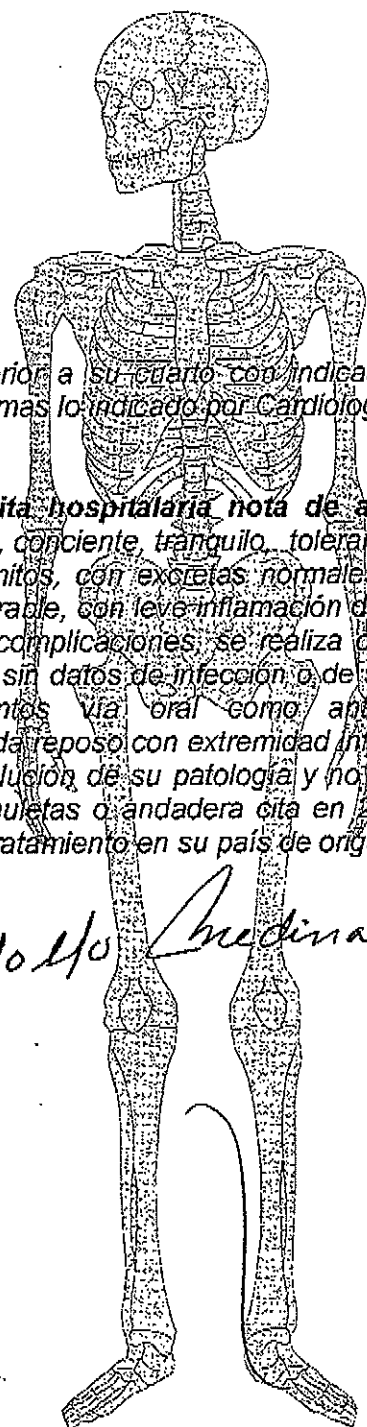
REG. MED. 1785945

Sangrado: Mínimo
Complicaciones: Ninguna
Estabilidad: Excelente
Reducción: Excelente

Pasa a recuperación y posterior a su cuarto con indicaciones de analgésicos, antibióticos, antiinflamatorios, mas lo indicado por Cardiología Dr. Ramón Vázquez y cuidados generales.

27 de septiembre 2006 visita hospitalaria nota de alta: Paciente en buen estado general, bien hidratado, conciente, tranquilo, tolerando dieta completa para Diabéticos, sin mareos o vómitos, con excretas normales, refiere leve dolor en tobillo izquierdo pero muy tolerable, con leve inflamación de ortijos, la extremidad izquierda Neuro-vascular sin complicaciones, se realiza cambio de aposito, las heridas se observan limpias y sin datos de infección o de sangrado, se da de alta hospitalaria con medicamentos via oral como antibióticos, analgésicos, antiinflamatorios, se recomienda reposo con extremidad inferior izquierda elevada, se explica el cuidado y la evolución de su patología y no apoyar con extremidad fracturada, caminar usando muletas o andadera cita en 2 días y cita abierta en caso de urgencia y continuar tratamiento en su país de origen.

Dr. Rodolfo Medina H.



Consultorio CMQ Hospital

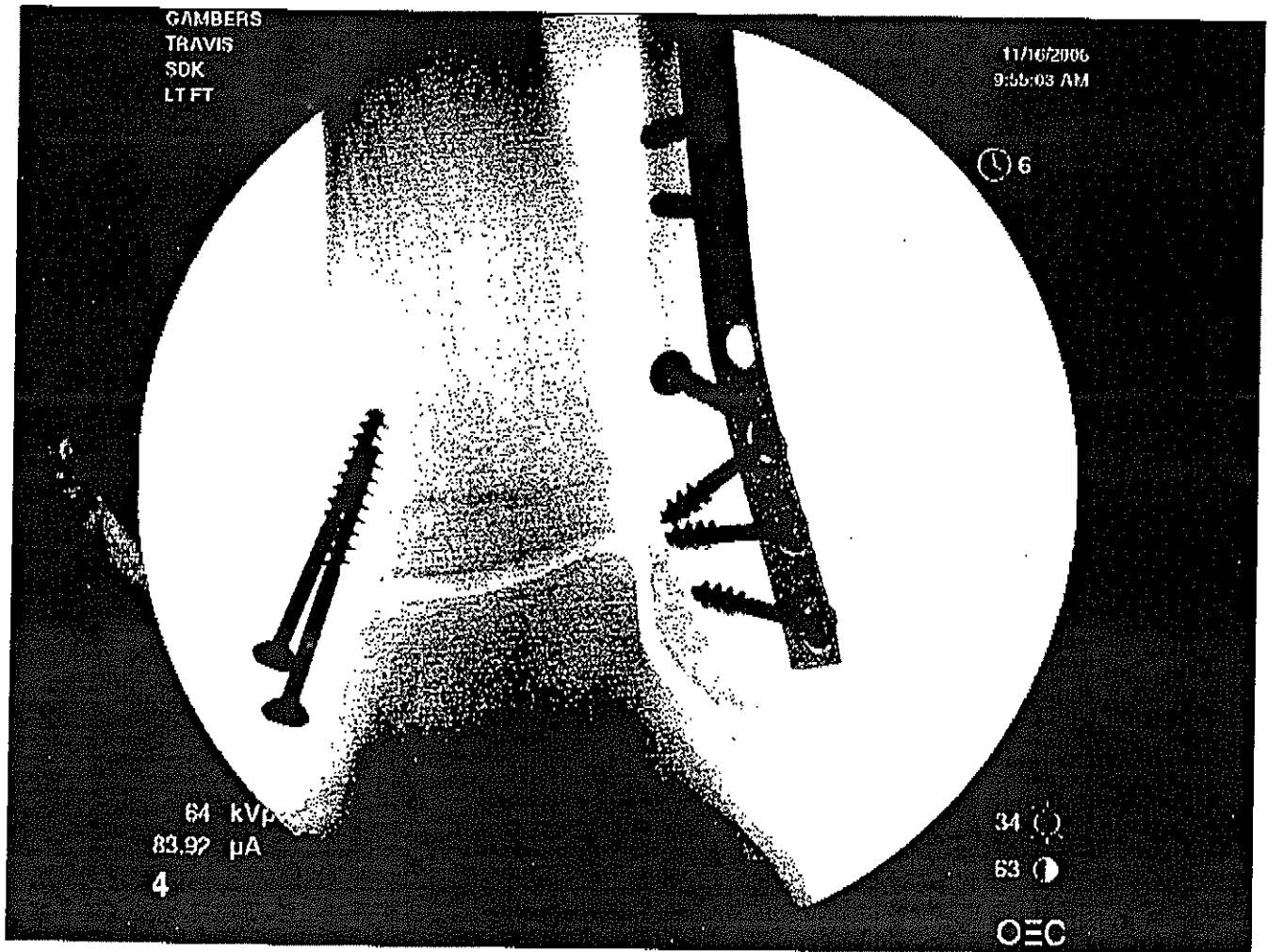
Basilio Badillo 365 1er. piso Col. Emiliano Zapata, Puerto Vallarta, Jal.

Tel. (31)22-30878 Fax (31)22-23775

Urgencias: 22-31919 Celular: 90322-75260

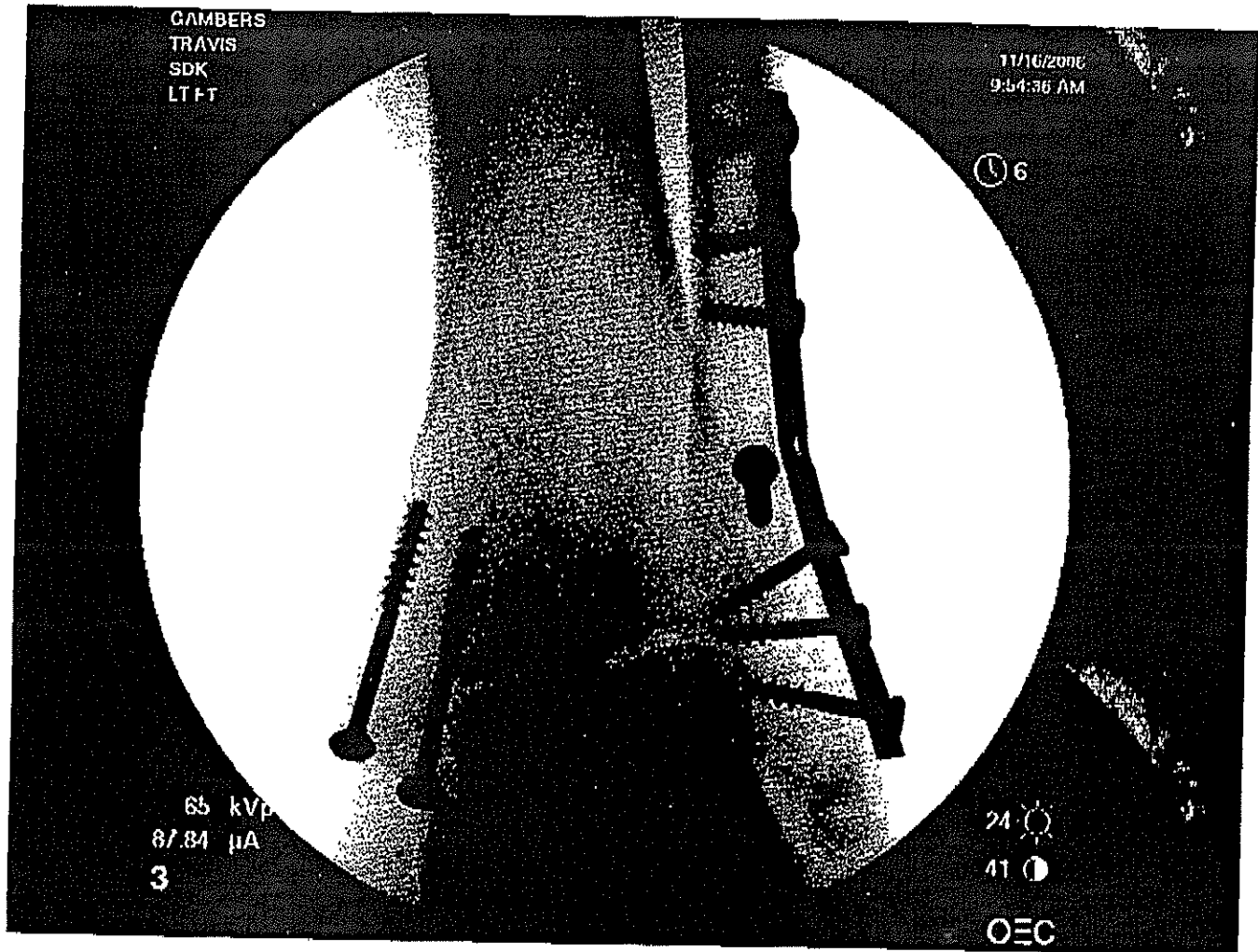
E-mail: rodolfomh@hotmail.com

PAGE 4/21 * RCVD AT 12/12/2006 2:24:03 PM [Eastern Standard Time] * SVR:NY-RF/3 * DNS:1 * CSID: * DURATION (mm:ss):10-28

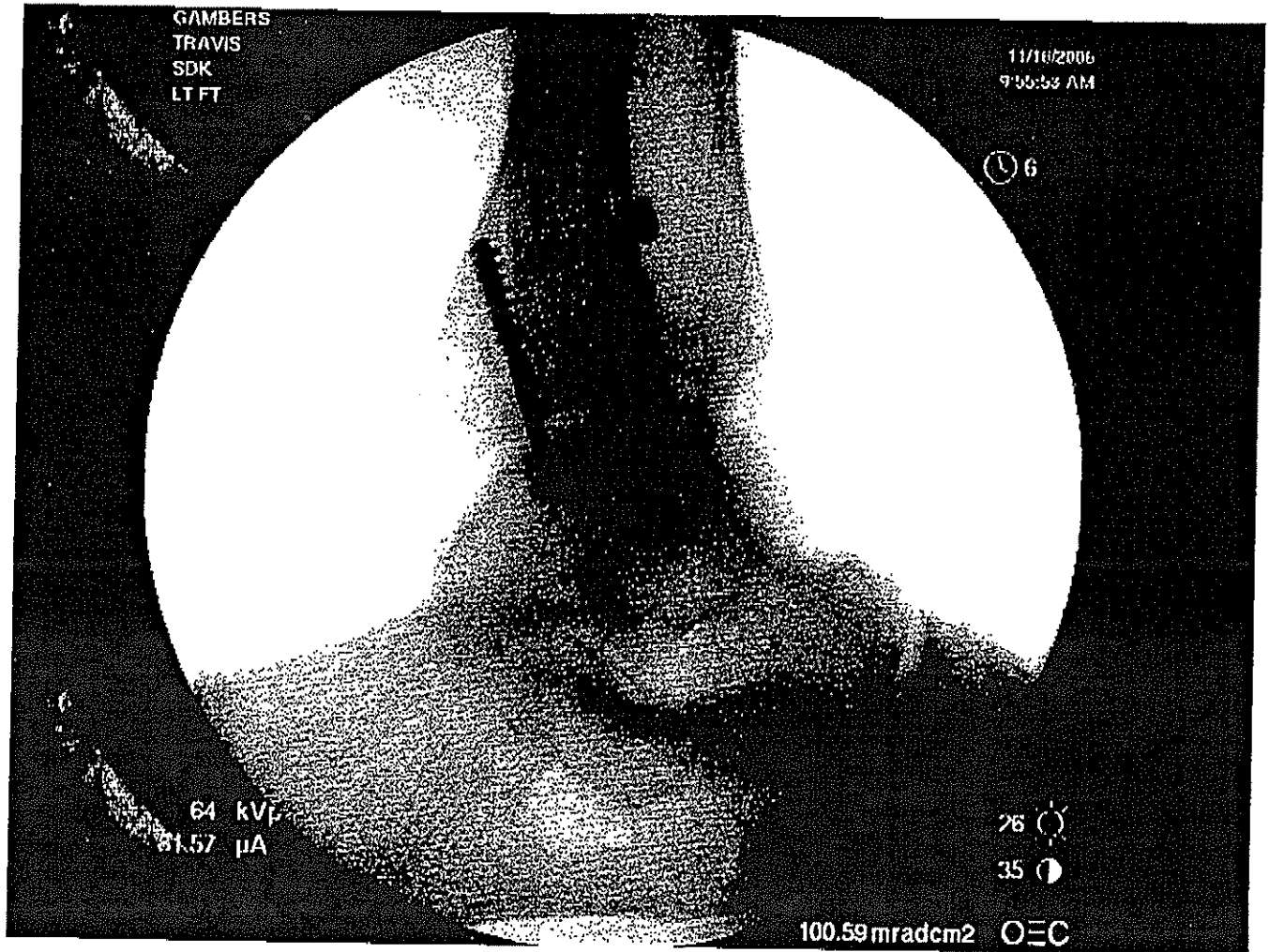


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#0317 P.005 /021



PAGE 6/21 * RCVD AT 12/12/2006 2:24:03 PM [Eastern Standard Time] * SVR:NY-RF/3 * DNIS:1 * CSID: * DURATION (mm:ss):10-28



DEC.12.2006 03:15

#0317 P.009 /021

DEBITO

CREDITO

NUMERO DE TARJETA/CIA
5456811704971
MAYOR CARD
-C-O-P-I-A-

NUMERO DE TARJETA/CIA
5456811704971
MAYOR CARD
-C-O-P-I-A-

DEBITO \$2759.00

OPER. 103
REF. 0010334
NUM. SEC. 0010334
AUT. 003910

FECHA: 23 SEPT. 2006
HORA: 12:33:32

FIRM.

CARPENS/TINA

ME DEBITO EN LOS TERMINOS INDICADOS
AL REVERSO DE ESTE PAGARE
1P0V14F-E

DEBITO

CREDITO

NUMERO DE TARJETA/CIA
48880014574176
VISA
-C-O-P-I-A-

NUMERO DE TARJETA/CIA
48880014574176
VISA
-C-O-P-I-A-

DEBITO \$1000.15

OPER. 104
REF. 001034
NUM. SEC. 001034
AUT. 003910

FECHA: 28 SEPT. 2006
HORA: 12:01:44

FIRM.

CARPENS/TINA

ME DEBITO EN LOS TERMINOS INDICADOS
AL REVERSO DE ESTE PAGARE
1P0V14F-E

DEC.12.2006 03:19

#0317 P.018 /021

Hospital San Javier Marina, S.A. de C.V.

Blvd. Fco. Medina Ascencio 2760
Zona Hotelera Nte C.P. 48333
Pto. Vallarta Jal, Mex.
Tel (322) 2261010



FECHA: 28/09/2006 NO: 051551 HORA: 12:48
NOMBRE: GAMBERS TRAVIS
DOMICILIO: 235 100 ADRIEN ST
CIUDAD: BRONX NY USA
TEL: R.F.C.
OBSERVACIONES:

LUGAR DE EXP. PTO. VALLARTA, JAL.
FACTURA:

A 19331

R.F.C. HSJ-990421-JQO

MEDICO: GPM5 GONZALEZ PIMENTA MARIO SALVADOR
FECHA INGRESO: 27/09/2006 FECHA EGRESO: 28/09/2006 C.V.E.C.I.A. Part
PACIENTE: 300041845 GAMBERS TRAVIS
CUARTO: 110

HABITACION	6,143.99	REHABILITACION	0.00
URGENCIAS	2,864.05	ALIM. ENT. Y PAR	0.00
INS. ENFERMERIA	6,374.00	MED. TRANSFUSION	0.00
CIRUGIA AMB	0.00	FARMACIA	0.00
QUIROFANO	6,871.99	CARDI. DIAGNOST.	0.00
TERAPIA INTENS	0.00	HISTOPATOLOGIA	0.00
U.C.I.F.Y.N.	0.00	PAR. E. IMPL. CRT	0.00
INHALOTERAPIA	0.00	AMBULANCIA TRAN	0.00
INS. CUNAS	0.00	DEDUCTIBLE	0.00
INS. HOSPITAL	0.00	COASEGURN	0.00
INS. QUIROFANOS	19,219.34	BASTOS ENVIO	0.00
LABORATORIO	3,157.99	EXTRAS	0.00
IMAGENOLOGIA	5,233.95	PSICOTROPICOS	552.16
HEMODIALISIS	0.00		0.00
SER. MED. EXTERNO	0.00		0.00
PAR. RGSP. SAN J	8,018.72		
	0.00		

FACTURA PAGADA EN UNA SOLA EXHIBICION
FACTURA PAGADA EN PARCIALIDADES

CANTIDAD CON LETRA

TASA 15.7% 37,067.18

TASA CERO 2.2% 18,008.92

CINCUENTA Y OCHO MIL SEIS CIENTOS TREINTA Y SEIS PESOS 157

Debo y Pagaré Incondicionalmente a la orden de HOSPITAL SAN JAVIER MARINA
S.A. de C.V. la cantidad de \$

el día de en esta ciudad
de Pto. Vallarta, Jal. por la mercancía o servicios arriba descritos, que recibí a mi entera
satisfacción. Este pagaré es mercantil y está regido por la ley General de Títulos y

Operaciones de Crédito. De no ser pagado a su vencimiento causará un interés del
% mensual.

Sub-Total
IVA
TOTAL
58,636.15

CONFORME

DEC.12.2006 03:21

#0317 P.019 /021

28/09/2006 15:39:46

ESTADO DE CUENTA TOTAL
100 HOSPITAL SAN JAVIER MARINA S.A. DE C.V.
BLVD.FCO. MEDINA ASCENCIO 2760 ZONA HOTELERA NORTE
TELEFONOS :

HOJA

1

FAX

CUENTA : 300041849 GAMBERS TRAVIS

INGRESO: 27/09/2006 HORA ING: 00:37 CUARTO : 110

EGRESO : 28/09/2006 HORA EGR: 11:19 CIA. CLIENTE PART

MEDICO : GPM5 GONZALEZ PIMIENTA MARIO SALVADOR

DIAGNOSTICO : Traumatismo superficial del tobillo y de

E X P E D I E N T E

CONCEPTO	DESCRIPCION	CANT	PRECIO UNIT.	DESCTO	SUBTOTAL	IMPUESTO	TOTAL
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ESTADO DE CUENTA CON CARGO AL PACIENTE

DEPTO : 100 000000 HOSPITALIZACION (HABITACION)

MS	MASTER SUITE110	1.00	5,342.60	0.00	5,342.60	801.39	6,143.99	300041849 27/09/2006
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TOTAL POR DEPTO:

5,342.60

801.39

6,143.99

IMP. QUINCE 5,342.60

IMP. CERO 0.00

DEPTO : 100 000001 URGENCIAS

S4628	OPSITE 6 X 7 FLEXI	1.00	60.74	0.00	60.74	9.11	69.85	35289 27/09/2006
P2522	FLEBOTEK QUIRURGIC	1.00	155.24	0.00	155.24	23.29	178.53	35289 27/09/2006
N03722 2	JERINGA 10 ML C/AG	1.00	34.06	0.00	34.06	5.11	39.17	35289 27/09/2006
1915-100	ELECTRODO PARA EKG	10.00	4.54	0.00	45.40	6.81	52.21	35289 27/09/2006
N03722 2	JERINGA 10 ML C/AG	2.00	34.06	0.00	68.12	10.22	78.34	35289 27/09/2006
N08614 2	AGUJA YALE ULTRAFL	1.00	10.26	0.00	10.26	1.54	11.80	35289 27/09/2006
N26246 3	JERINGA s/agu 20ml	1.00	50.26	0.00	50.26	7.54	57.80	35289 27/09/2006
MC.050	BRAZALETE IDENTIFIC	1.00	33.72	0.00	33.72	5.06	38.78	35289 27/09/2006
NELEC	ELECTROCARDIOGRAMA	1.00	606.96	0.00	606.96	91.04	698.00	35289 27/09/2006
N1915-100	DESCUENTO ELECTROD	-10.00	3.48	0.00	-34.80	-5.22	-40.02	35289 27/09/2006
AB81324	SOL.FISIOLOGICA DE	1.00	152.54	0.00	152.54	0.00	152.54	35289 27/09/2006
N26617 5	DOLAC AMP. 30MG 1M	1.00	268.38	0.00	268.38	0.00	268.38	35289 27/09/2006
N19818 8	PRIMPERAN CARNOTPR	1.00	53.48	0.00	53.48	0.00	53.48	35289 27/09/2006
N852791	CLEXANE 60MGR. C/2	1.00	953.98	0.00	953.98	0.00	953.98	35289 27/09/2006
N16158 6	NITRADIS 5MG.CADA	1.00	117.52	0.00	117.52	0.00	117.52	35289 27/09/2006
N27839 4	JERINGA P/INS DES	1.00	32.38	0.00	32.38	4.86	37.24	35289 27/09/2006
CAT-01	CATETER VENOSO COR	1.00	83.88	0.00	83.88	12.58	96.46	35289 27/09/2006

TOTAL POR DEPTO:

2,692.12

171.93

2,864.05

IMP. QUINCE 1,146.22

IMP. CERO 1,545.96

DEPTO : 100 000002 INSUMOS DE PISO

N26617 5	DOLAC AMP. 30MG 1M	1.00	268.38	0.00	268.38	0.00	268.38	153492 27/09/2006
N26617 5	DOLAC AMP. 30MG 1M	1.00	268.38	0.00	268.38	0.00	268.38	153493 27/09/2006
N03722 2	JERINGA 10 ML C/AG	1.00	34.06	0.00	34.06	5.11	39.17	153493 27/09/2006
N26617 5	DOLAC AMP. 30MG 1M	1.00	268.38	0.00	268.38	0.00	268.38	153506 27/09/2006
N03722 2	JERINGA 10 ML C/AG	3.00	34.06	0.00	102.18	15.33	117.51	153506 27/09/2006
ABB1324	SOL.FISIOLOGICA DE	1.00	152.54	0.00	152.54	0.00	152.54	153506 27/09/2006
ABB2324	SOLUCION HARTMANN	1.00	165.48	0.00	165.48	0.00	165.48	153506 27/09/2006
AMBNEM	GUANTE DESECHABLE	10.00	10.62	0.00	106.20	15.93	122.13	153506 27/09/2006
AMBEM	GUANTE DESECHABLE	2.00	10.48	0.00	20.96	3.14	24.10	153508 27/09/2006
AMBNEM	GUANTE DESECHABLE	10.00	10.62	0.00	106.20	15.93	122.13	153508 27/09/2006
T0697	CINTA MICROPORE 2.	1.00	140.74	0.00	140.74	21.11	161.85	153508 27/09/2006
P3485	ESPONJA D GASA 10X	2.00	129.34	0.00	258.68	38.80	297.48	153508 27/09/2006
602018	LANCEYA ESTERIL	2.00	8.80	0.00	17.60	2.64	20.24	153559 27/09/2006
010-642	TIRA REACTIVA ONE	2.00	67.96	0.00	135.92	20.39	156.31	153559 27/09/2006

PROGRAMA : repcarg1

SISTEMA DE ADMINISTRACION DE HOSPITALES

*** SADHOS ***

USUARIO : mesac

DEC.12.2006 03:22

#0317 P.020 /021

28/09/2006 13:39:46

ESTADO DE CUENTA TOTAL

HOJA 2

100 HOSPITAL SAN JAVIER MARINA S.A. DE C.V.
BLVD.FCO. MEDINA ASCENCIO 2760 ZONA HOTELERA NORTE
TELEFONOS : FAX

CUENTA : 300041849 GAMBERS TRAVIS

INGRESO: 27/09/2006 HORA ING: 00:37 CUARTO : 110

EGRESO : 28/09/2006 HORA EGR: 11:19 CIA- CLIENTE PART

MEDICO : GPM5 GONZALEZ PIMIENTA MARIO SALVADOR

DIAGNOSTICO : Traumatismo superficial del tobillo y de

CONCEPTO	DESCRIPCION	CANT	PRECIO UNIT.	DESCTO	SUBTOTAL	IMPUESTO	TOTAL	
MP056	PROTECTOR DE PLAST	1.00	6.96	0.00	6.96	1.04	8.00	153565 27/09/2006
muleta1	MULETA DE ALUMINIO	1.00	1,351.34	0.00	1,351.34	202.70	1,554.04	153570 27/09/2006
010-642	TIRA REACTIVA ONE	2.00	67.96	0.00	135.92	20.39	156.31	153587 27/09/2006
602018	LANCETA ESTERIL	2.00	8.80	0.00	17.60	2.64	20.24	153587 27/09/2006
MP056	PROTECTOR DE PLAST	2.00	6.96	0.00	13.92	2.09	16.01	153594 27/09/2006
N03716 8	JERINGA 5 ml c/agu	1.00	35.72	0.00	35.72	5.36	41.08	153595 27/09/2006
N03722 2	JERINGA 10 ML C/AG	2.00	34.06	0.00	68.12	10.22	78.34	153595 27/09/2006
N27839 4	JERINGA P/INS DES	1.00	32.38	0.00	32.38	4.86	37.24	153597 27/09/2006
ABB2324	SOLUCION HARTMANN	1.00	165.48	0.00	165.48	0.00	165.48	153598 27/09/2006
N03722 2	JERINGA 10 ML C/AG	5.00	34.06	0.00	170.30	25.55	195.85	153617 28/09/2006
N85279 1	CLEXANE 60 MG. C/2	1.00	1,052.14	0.00	1,052.14	0.00	1,052.14	153618 28/09/2006
N16158 6	NITRADIS 5MG.CADA	1.00	117.52	0.00	117.52	0.00	117.52	153618 28/09/2006
N26246 3	JERINGA s/agu 20ml	1.00	50.26	0.00	50.26	7.54	57.80	153627 28/09/2006
N00188 0	AGUJAS YALE desech	1.00	8.36	0.00	8.36	1.25	9.61	153627 28/09/2006
ABB2324	SOLUCION HARTMANN	1.00	165.48	0.00	165.48	0.00	165.48	153646 28/09/2006
ABB2324	SOLUCION HARTMANN	1.00	165.48	0.00	165.48	0.00	165.48	153661 28/09/2006
N26617 5	DOLAC AMP. 30MG 1M	1.00	268.38	0.00	268.38	0.00	268.38	153661 28/09/2006
N03716 8	JERINGA 5 ml c/agu	1.00	35.72	0.00	35.72	5.36	41.08	153661 28/09/2006
AM8EM	GUANTE DESECHABLE	2.00	10.48	0.00	20.96	3.14	24.10	153661 28/09/2006
dt-00854	BANDITA REDONDO SP	1.00	2.18	0.00	2.18	0.33	2.51	153661 28/09/2006
P3485	ESPONJA D GASA 10X	1.00	129.34	0.00	129.34	19.40	148.74	153661 28/09/2006
0906570	VENDA ELASTICA 7 X	1.00	56.08	0.00	56.08	8.41	64.49	153661 28/09/2006

TOTAL POR DEPTO:

6,115.34

458.66

6,574.00

IMP. QUINCE 3,057.70

IMP. CERO 3,057.64

DEPTO : 100 000006 QUIROFANO

DESECH	MATERIAL DESECHABL	1.00	325.22	0.00	325.22	48.78	374.00	5587 27/09/2006
NEC.A	ELECTROCAUT.(1Hora	1.00	1,116.52	0.00	1,116.52	167.48	1,284.00	5587 27/09/2006
NMOND2	MONITOR TRANSOPERA	1.00	627.82	0.00	627.82	94.17	721.99	5587 27/09/2006
NOXSC.A	OXIGEN.P/S.CIRUGIA	1.00	464.34	0.00	464.34	69.65	533.99	5587 27/09/2006
NDSC	DER. A SALA DE CIR	1.00	3,441.74	0.00	3,441.74	516.26	3,958.00	5587 27/09/2006

TOTAL POR DEPTO:

5,975.64

896.35

6,871.99

IMP. QUINCE 5,975.64

IMP. CERO 0.00

DEPTO : 100 000015 IMAGENOLOGIA

URG2	URG VARIOS MAY.4 P	1.00	507.82	0.00	507.82	76.17	583.99	46371 26/09/2006
HA50	TOBILLO IZQ.APY LA	1.00	666.08	0.00	666.08	99.91	765.99	46371 26/09/2006
HA51	TOBILLO PLACA ADIC	1.00	471.30	0.00	471.30	70.70	542.00	46371 26/09/2006
URG2	URG VARIOS MAY.4 P	1.00	507.82	0.00	507.82	76.17	583.99	46371 26/09/2006
T003	TORAX PA 1 PLACA	1.00	558.26	0.00	558.26	83.74	642.00	46373 27/09/2006
HA50	TOBILLO IZQ.APY LA	1.00	666.08	0.00	666.08	99.91	765.99	46375 27/09/2006
URG2	URG VARIOS MAY.4 P	1.00	507.82	0.00	507.82	76.17	583.99	46375 27/09/2006
HA50	TOBILLO IZQ.APY LA	1.00	666.08	0.00	666.08	99.91	765.99	46380 27/09/2006

PROGRAMA : repcarg1

SISTEMA DE ADMINISTRACION DE HOSPITALES *** SADHOS ***

USUARIO : mesac

DEC.12.2006 03:22

#0317 P.021 /021

28/09/2006 13:39:46

ESTADO DE CUENTA TOTAL

HOJA

3

100 HOSPITAL SAN JAVIER MARINA S.A. DE C.V.
BLVD.FCO. MEDINA ASCENCIO 2760 ZONA HOTELERA NORTE
TELEFONOS :

FAX

CUENTA : 300041849 GAMBERS TRAVIS

INGRESO: 27/09/2006 HORA ING: 00:37 CUARTO : 110

EGRESO : 28/09/2006 HORA EGR: 11:19 CIA. CLIENTE PART

MEDICO : GPM5 GONZALEZ PIMIENTA MARIO SALVADOR

DIAGNOSTICO : Traumatismo superficial del tobillo y de

E X P E D I E N T E

CONCEPTO	DESCRIPCION	CANT	PRECIO UNIT.	DESCTO	SUBTOTAL	IMPUESTO	TOTAL	
TOTAL POR DEPTO:					4,551.26	682.69	5,233.95	
					IMP. QUINCE 4,551.26	IMP. CERO 0.00		
DEPTO : 100 000016 INSUMOS DE QUIROFANO								
N03716 8	JERINGA 5 ml c/agu	1.00	35.72	0.00	35.72	5.36	41.08	4284 27/09/2006
4210-01	JERINGA ASEPTO DES	1.00	207.36	0.00	207.36	31.10	238.46	4284 27/09/2006
N50112 3	BUVACAINA PESADA A	1.00	131.86	0.00	131.86	0.00	131.86	4284 27/09/2006
P1076	AGUA P/IRRIGACION	1.00	157.18	0.00	157.18	0.00	157.18	4284 27/09/2006
N27839 4	JERINGA P/INS DES	1.00	32.38	0.00	32.38	4.86	37.24	4284 27/09/2006
N26246 3	JERINGA s/agu 20ml	2.00	50.26	0.00	100.52	15.08	115.60	4284 27/09/2006
P7351	CONECTOR DE PLASTI	1.00	65.86	0.00	65.86	9.88	75.74	4284 27/09/2006
K-25	CONECTOR P/OXIGENO	1.00	106.70	0.00	106.70	16.01	122.71	4284 27/09/2006
J-340 H	VICRYL 1/0 CT-1 AH	1.00	411.26	0.00	411.26	61.69	472.95	4284 27/09/2006
A882324	SOLUCION HARTMANN	2.00	165.48	0.00	330.96	0.00	330.96	4284 27/09/2006
N02004 7	XYLOCAINA CON EPIN	1.00	325.64	0.00	325.64	0.00	325.64	4284 27/09/2006
N02004 8	XYLOCAINA SIN EPIN	1.00	321.98	0.00	321.98	0.00	321.98	4284 27/09/2006
N00193 7	AGUJAS YALE desech	1.00	8.36	0.00	8.36	1.25	9.61	4284 27/09/2006
MIC102	MICROCYN 60 FCO. 2	1.00	475.84	0.00	475.84	71.38	547.22	4284 27/09/2006
183.103	AGUJA ESPINAL NO.2	1.00	531.16	0.00	531.16	79.67	610.83	4284 27/09/2006
N08614 2	AGUJA YALE ULTRA FI	2.00	10.26	0.00	20.52	3.08	23.60	4284 27/09/2006
N02001 2	EFEDRINA AMP. 50MG	1.00	63.76	0.00	63.76	0.00	63.76	4284 27/09/2006
N20853 1	BICAR-NAT al 7.5%	1.00	19.60	0.00	19.60	0.00	19.60	4284 27/09/2006
N02000 5	BUVACAINA AM. 5 MG	2.00	345.98	0.00	691.96	0.00	691.96	4284 27/09/2006
N26617 5	DOLAC AMP. 30MG 1M	1.00	268.38	0.00	268.38	0.00	268.38	4284 27/09/2006
N28310 0	DIPRIVAN AMP. 5X20	1.00	591.86	0.00	591.86	0.00	591.86	4284 27/09/2006
001	DRENOVAC 1/8	1.00	703.80	0.00	703.80	105.57	809.37	4284 27/09/2006
301614	TUBO NO CONDUCTIVO	2.00	242.14	0.00	484.28	72.64	556.92	4284 27/09/2006
M-00-S	ELECTRODO P/MON. D	3.00	21.66	0.00	64.98	9.75	74.73	4284 27/09/2006
PPW55	PROXIMATE PLUS GRA	1.00	3,840.40	0.00	3,840.40	576.06	4,416.46	4284 27/09/2006
0941	BATA QUIRURGICA C	3.00	263.56	0.00	790.68	118.60	909.28	4284 27/09/2006
N14503 3	DIAPRO PANAL PARA	1.00	20.80	0.00	20.80	3.12	23.92	4284 27/09/2006
990212	EQUIPO P/ANESTECIA	1.00	789.26	0.00	789.26	118.39	907.65	4284 27/09/2006
7284	GUANTE ORTOPEDICO	2.00	58.60	0.00	117.20	17.58	134.78	4284 27/09/2006
5875	GUANTE PARA CIRUJA	2.00	59.68	0.00	119.36	17.90	137.26	4284 27/09/2006
5870	GUANTE PARA CIRUJA	1.00	59.68	0.00	59.68	8.95	68.63	4284 27/09/2006
5880	GUANTE PARA CIRUJA	1.00	59.68	0.00	59.68	8.95	68.63	4284 27/09/2006
809572	LAPIZ ELECTROCAUTE	1.00	738.80	0.00	738.80	110.82	849.62	4284 27/09/2006
0938	PAQUETE PARA CIRUG	1.00	1,175.04	0.00	1,175.04	176.26	1,351.30	4284 27/09/2006
7507	PLACA DESECHABLE C	1.00	596.66	0.00	596.66	89.50	686.16	4284 27/09/2006
1710	UNIFORME QUIRURGIC	4.00	131.46	0.00	525.84	78.88	604.72	4284 27/09/2006
1007	MASCARILLA ALTA CO	1.00	513.00	0.00	513.00	76.95	589.95	4284 27/09/2006
81163	CEPILLO P/CIRUJANO	2.00	103.88	0.00	207.76	31.16	238.92	4284 27/09/2006
82013	CEPILLO P/CIRUJANO	1.00	90.44	0.00	90.44	13.57	104.01	4284 27/09/2006
P3485	ESPONJA D GASA 10X	1.00	129.34	0.00	129.34	19.40	148.74	4284 27/09/2006

PROGRAMA : repcarg1

SISTEMA DE ADMINISTRACION DE HOSPITALES *** SADHOS ***

USUARIO : mesac

DEC.12.2006 03:18

#0317 P.014 /021

28/09/2006 13:39:46

ESTADO DE CUENTA TOTAL

100 HOSPITAL SAN JAVIER MARINA S.A. DE C.V.
BLVD.FCO. MEDINA ASCENCIO 2760 ZONA HOTELERA NORTE
TELEFONOS :

FAX

HOJA: 4

CUENTA : 300041849 GAMBERS TRAVIS

INGRESO: 27/09/2006 HORA ING: 00:37 CUARTO : 110

EGRESO : 28/09/2006 HORA EGR: 11:19 CIA. CLIENTE PART

MEDICO : GPM5 GONZALEZ PIMIENTA MARIO SALVADOR

DIAGNOSTICO : Traumatismo superficial del tobillo y de

CONCEPTO	DESCRIPCION	CANT	PRECIO UNIT.	DESCTO	SUBTOTAL	IMPUESTO	TOTAL	
P3458	ESPONJA DE GASA 10	3.00	301.80	0.00	905.40	135.81	1,041.21	4284 27/09/2006
0903570	VENDA ELASTICA 10	1.00	76.44	0.00	76.44	11.47	87.91	4284 27/09/2006
n16946 3	AGUA INYEC. ESTER.	2.00	17.02	0.00	34.04	0.00	34.04	4284 27/09/2006
SM-23	HOJA P/BISTURI No	1.00	27.12	0.00	27.12	4.07	31.19	4284 27/09/2006
sm-10	HOJA P/BISTURI No.	1.00	24.52	0.00	24.52	3.68	28.20	4284 27/09/2006
N03722 2	JERINGA 10 ML C/AG	3.00	34.06	0.00	102.18	15.33	117.51	4284 27/09/2006

TOTAL POR DEPTO: 17,095.56 2,123.75 19,219.31
IMP. QUINCE 14,158.34 IMP. CERO 2,937.22

DEPTO : 100 000030 CONTROL DE PSICOTROPICOS								
N25265 4	DORMICUM AMP. 5MG.	1.00	191.20	0.00	191.20	0.00	191.20	9974 27/09/2006
N33257 7	BUFIGN FCO. AMP 1	1.00	120.32	0.00	120.32	0.00	120.32	9974 27/09/2006
N33257 7	BUFIGN FCO. AMP 1	2.00	120.32	0.00	240.64	0.00	240.64	9975 27/09/2006

TOTAL POR DEPTO: 552.16 0.00 552.16
IMP. QUINCE 0.00 IMP. CERO 552.16

DEPTO : 100 000040 CAJA HOSPITAL SAN JAVIER S.A. DE C.V.								
99999999	SU PAGO GRACIAS ..	1.00	-20,000.00	0.00	-20,000.00	0.00	-20,000.00	6234 27/09/2006
99999999	SU PAGO GRACIAS ..	1.00	-38,636.15	0.00	-38,636.15	0.00	-38,636.15	36253 28/09/2006

TOTAL POR DEPTO: -58,636.15 0.00 -58,636.15
IMP. QUINCE 0.00 IMP. CERO -58,636.15

TOTAL POR CORPORATIVO 100 -11,176.71

DEPTO : 400 000000 LABORATORIO								
LQ185	ALCOHOL (ETANOL)	1.00	800.00	0.00	800.00	120.00	920.00	48207 27/09/2006
LH046	TROMBOPLASTINA PAR	1.00	234.78	0.00	234.78	35.22	270.00	48207 27/09/2006
LH045	TIEMPO DE PROTOMBI	1.00	234.78	0.00	234.78	35.22	270.00	48207 27/09/2006
LQ143	QUIMICA SANGUINEA	1.00	504.34	0.00	504.34	75.65	579.99	48207 27/09/2006
LQ070	ELECTROLITOS SERIC	1.00	693.92	0.00	693.92	104.09	798.01	48207 27/09/2006
LH006	BIOMETRIA HEMATICA	1.00	278.26	0.00	278.26	41.74	320.00	48207 27/09/2006

TOTAL POR DEPTO: 2,746.08 411.91 3,157.99
IMP. QUINCE 2,746.08 IMP. CERO 0.00

TOTAL POR CORPORATIVO 400 3,157.99

DEPTO : 7600 000002 FARMACIA HOSPITAL SAN JAVIER S.A. DE C.V.								
19070 5	ROCEPHIN IV 1 GR F	1.00	1,081.96	0.00	1,081.96	0.00	1,081.96	8417 27/09/2006
96637 0	DYNASTAY 40MG 2ML	1.00	756.36	0.00	756.36	0.00	756.36	8417 27/09/2006
25176 3	HUMULIN R 100UI SO	1.00	631.62	0.00	631.62	0.00	631.62	8417 27/09/2006
501070 1	zanidip tab 10mg c	1.00	538.20	0.00	538.20	0.00	538.20	8418 27/09/2006

PROGRAMA : repcarg1

SISTEMA DE ADMINISTRACION DE HOSPITALES *** SADHOS ***

USUARIO : mesac

DEC.12.2006 03:18

#0317 P.015 /021

28/09/2006 13:39:46

ESTADO DE CUENTA TOTAL

7600 FARMCIA HOSPITAL SAN JAVIER

ZONA HOTELERA NORTE

TELEFONOS :

FAX

CUENTA : 300041849 GAMBERS TRAVIS

INGRESO: 27/09/2006 HORA ING: 00:37 CUARTO : 110

EGRESO : 28/09/2006 HORA EGR: 11:19 CIA. CLIENTE PART

MEDICO : GPM5 GONZALEZ PIMIENTA MARIO SALVADOR

DIAGNOSTICO : Traumatismo superficial del tobillo y de

		EXPEDIENTE		DESCTO	SUBTOTAL	IMPUESTO	TOTAL		
CONCEPTO	DESCRIPCION	CANT	PRECIO UNIT.						
26617 5	DOLAC 30MG AMP C/3	1.00	583.00	0.00	583.00	0.00	583.00	8439	27/09/2006
25176 3	HUMULIN R 100UI SO	1.00	631.62	0.00	631.62	0.00	631.62	8443	27/09/2006
26617 5	DOLAC 30MG AMP C/3	1.00	583.00	0.00	583.00	0.00	583.00	8449	27/09/2006
19070 5	ROCEPHIN IV 1 GR F	1.00	1,081.96	0.00	1,081.96	0.00	1,081.96	8449	27/09/2006
90357 9	COLGATE MFP*PDNT	1.00	12.10	0.00	12.10	1.82	13.92	8456	28/09/2006
318345	Oral B-35 advan/Ar	1.00	77.22	0.00	77.22	11.58	88.80	8456	28/09/2006
24207 1	DURACEF 500MG CAP	1.00	785.30	0.00	785.30	0.00	785.30	8459	28/09/2006
30384 4	VOLTAREN SR 75MG G	1.00	611.58	0.00	611.58	0.00	611.58	8459	28/09/2006
82985 2	SINERGIX 10MG CAPS	1.00	631.40	0.00	631.40	0.00	631.40	8459	28/09/2006

TOTAL POR DEPTO:

8,005.32

13.40

8,018.72

IMP. QUINCE 89.32

IMP. CERO 7,916.00

TOTAL POR CORPORATIVO 7600

8,018.72

DEPTO : 910 000000 HONORARIOS MEDICOS									
HONO	DR RODOLFO MEDINA	1.00	44,000.00	0.00	44,000.00	0.00	44,000.00	25848	28/09/2006
TOTAL POR DEPTO:					44,000.00	0.00	44,000.00		
					IMP. QUINCE 0.00		IMP. CERO 44,000.00		
TOTAL POR CORPORATIVO 910							44,000.00		

* N O T A :

EL ESTADO DE CUENTA ES VALIDO PARA LA FECHA Y HORA EXPEDIDA,
Y SOLO SERA DEFINITIVO CUANDO LA FECHA Y HORA DE EGRESO SE
ESPECIFICA EN EL ENCABEZADO DE ESTE.

SE LES RECUERDA QUE EL VENCIMIENTO DE LA OCUPACION DEL CUARTO ES A LAS 12:00 HORAS

DEC.12.2006 03:18

#0317 P.016 /021

28/09/2006 13:39:46

ESTADO DE CUENTA TOTAL

HOJA 6

910 CAJA DE MEDICOS

TELEFONOS :

FAX

CUENTA : 300041849 GAMBERS TRAVIS

INGRESO: 27/09/2006 HORA ING: 00:37 CUARTO : 110

EGRESO : 28/09/2006 HORA EGR: 11:19 CIA. CLIENTE PART

MEDICO : GPM5 GONZALEZ PIMIENTA MARIO SALVADOR

DIAGNOSTICO : Traumatismo superficial del tobillo y de

EXPEDIENTE

CONCEPTO	DESCRIPCION	CANT	PRECIO UNIT.	DESCTO	SUBTOTAL	IMPUESTO	TOTAL
RESUMEN DE CARGOS							

100 HOSPITAL SAN JAVIER MARINA S.A. DE C.V.							
000000	HOSPITALIZACION (HABITACION)				6,143.99		
000001	URGENCIAS				2,864.05		
000002	INSUMOS DE PISO				6,574.00		
000006	QUIROFANO				6,871.99		
000015	IMAGENOLOGIA				5,233.95		
000016	INSUMOS DE QUIROFANO				19,219.31		
000030	CONTROL DE PSICOTROPICOS				552.16		
000040	CAJA HOSPITAL SAN JAVIER S.A. DE C.V.				-58,636.15		

400 LABORATORIO HOSPITAL SAN JAVIER MARINA							
000000	LABORATORIO				3,157.99		

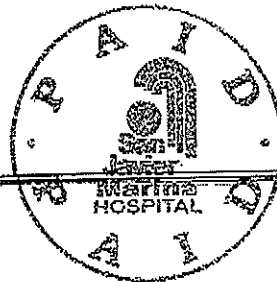
7600 FARMACIA HOSPITAL SAN JAVIER							
000002	FARMACIA HOSPITAL SAN JAVIER S.A. DE C.V.				8,018.72		

910 CAJA DE MEDICOS							
000000	HONORARIOS MEDICOS				44,000.00		

SALDO PARCIAL DE LA CUENTA	
CARGOS :	102,636.15
ABONOS :	-58,636.15
SUBTOTAL :	44,000.00

SALDO TOTAL DE LA CUENTA	
CARGOS TOTALES :	102,636.15
ABONOS TOTALES :	-58,636.15
SALDO GLOBAL :	44,000.00

R. A: MGQ



DEC.12.2006 03:19

#0317 P.017 /021

100#10.00H

27/09/2006 00:37:30

FOLIO

9118

6234

RECIBI DE: TRAVIS GAMBERS

LA CANTIDAD DE:

20.000.00 VEINTE MIL PESOS 00/100 M.N.

POR CONCEPTO DE: 01.- ANTICIPO DE HOSPITALIZACION

PACIENTE: GAMBERS TRAVIS

CUARTO: No. DE CUENTA: 300041849 FECHA INGRESO: 26/08/2006
TIPO DE PAGO: IC

PTO. VALLARTA, JAL. A 27 DE SEPTIEMBRE DE 2006

Hospital San Javier Marina, S.A. de C.V.

Blvd. Fco. Medina Ascencio 2760

Zona Hotelera Nte C.P. 48333

Tel (322) 2261010

Pto. Vallarta Jal, Mex.

HECTOR MARTIN MUÑOZ

FIRMA Y
SELLO DEL CAJERO

ORIGINAL CLIENTE

BANORTE

VENTA

HOSP SAN JAVIER MARINA
FCO MEDINA ASCENCIO NO 2760
8682569
CAJA: 2NUMERO DE TARJETA/CTA EXP
5459002117014971 0609
CREDITO/MASTERCARD/EXTRANJERA

-C-O-P-I-A-

IMPORTE \$20000.00

APROBADA

OPER. 254

REF. 000254

NUM. SEC. 001611254

AUT. 027188

FECHA: 27 SEPT. 2006

HORA: 00:31:43

FIRMA

GAMBERS TRAVIS

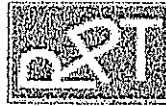
ME OBLIGO EN LOS TERMINOS DADOS

AL REVERSO DE ESTE PAGARE

T.M.V100K-E



ESTE RECIBO NO ES VALIDO SIN LA FIRMA Y SELLO DEL CAJERO



RECOVERY™
PHYSICAL
THERAPY, P.C.

3276 Westchester Avenue, 2nd Fl., Bronx, N.Y. 10461, (718) 931-5550

Date: 11/20/06

Patient name: Train Chambers

Diagnosis: Slp. Dislocation of

Doctor: Katana

824.2

Subjective

History of present

illness: PT had a slip & fall in a car wash (in Mexico) 9/26/06 → Sx CORP (B. Hill)
right away → had a CT scan in MD in US → PT now in (B. Hill) home
using A & B, however, no longer outdoors. E.W. C. & cannot get in metals (pins)
Current chief are still in the house but plans on removing them.
complaints: ① 79/110 VAS scale

Occupation/Job

description: Retired

Current Functional

deficits: amb

Recreational Activities:

Medical

History/Surgeries: epilepsy, diabetes, (B) hip replacement (93')
(B) knee chondro-malacia, VBP

Prior treatment:

Current medications: pericort, epilepsy med.

Patient

goals: amb, return to full function

Objective:

Observation/Inspection: mild warmth to touch (B), incision site (C).

Relative edema or atrophy: 59cm femur (B) 56cm

Postural assessment:

Gait deviations:

JOINT	② AROM	④	③ PROM	⑤	MMT grade	End feel/ mobility
ankle DF	10°	5	13°	0°	NTDE Resistance	✗ no ob capsular
PF	60°	40°	65°	45°	@ least	nl.
INV	30°	15°	40°	25°	3/5	↓
EL	15°	20	20°	23°	↓	↓

Repetitive motion testing (for lumbar or cervical only): _____

Flexibility deficiencies: ↓ calf flexibility

Special testing:

Homan's (+) ↓ sensation @ L5/S1 dorsal / vol. loss foot.

Functional testing:

Lifting a) floor to waist _____ b) floor to shoulder _____ c) overhead _____

Squatting _____

Climbing a) steps _____ b) ladder _____ c) other _____

Assessment: pt is a 43 y.o. M. slip @ home while working in warehouse. Pt presents w/ numb, ↓ flexibility, ↓ power/strength leg for wt bearing activities.

Goals:

Short term goals (1-2 weeks)

① pt ↑ ROM from 90° to 120°

② pt ↑ strength by 1/2 grade

③ pt amb w/ BATE least 1 A.D. 2 min - 10 min

Long term goals (2 weeks to discharge)

① pt ↑ ROM @ 120° to clear foot & stairs

② pt ↑ strength @ 1/2 to optimize wt bearing activities

③ pt amb 20 min @ 1 A.D. 2 min - 10 min

treatment: patient education (including joint protection, postural, body mechanics/ ergonomics, instruction in HEP), manual therapies (including STM, MFR, joint mobilization, manual traction, strain/counterstrain).

therapeutic exercise, neuromuscular reeducation, gait training, dynamic activities (including balance/ proprioceptive training, agility/ plyometric exercise), functional retraining (including work conditioning), therapeutic modalities

Thank you for the referral of Travis Cantor. Please feel free to contact us at (718) 931-5550 regarding this patient.

Sincerely,

Nana 017 026513

Joseph J Castelli Jr. PT, CSCS, CEAS, C.Ped
Director
N.Y. License 021420-1

Karn Santikul, DPT
Staff Physical Therapist
N.Y. License 026668-1



RECOVERY
PHYSICAL
THERAPY, P.C.

PATIENT NAME: Travis Gamblers
DX:

DATE: 11/22/00

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
Patient pain level @ 5 /10

Objective: Area treated: (D) ankle Swelling: Ecchymosis:
ROM: gait training = boot & @ A-C WAT
Strength: 45 ankle peroneals & PF
Function: thru as per dict. Advancing stride high, seated bike.

Assessment: STG Current: Met: LTG Current: Met:
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated per protocol Discharge from Physical Therapy

Comments: SURV. of ankle

Therapist's Signature: [Signature]

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation	
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DATE: 11/27/00

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
Patient pain level @ 1 /10 doing okay

Objective: Area treated: (D) ankle Swelling: Ecchymosis:
ROM: NP @ med ankle & @ tibial shaft
Strength: propag. thru as per dict
Function: Add SURV. CR. ILP.

Assessment: STG Current: Met: LTG Current: Met:
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated per protocol Discharge from Physical Therapy

Comments: Sub of ankle. IL of ankle & bike

Therapist's Signature: [Signature]

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation	
--------------------------------	----------------------------	----------------------------------	--	------------------------------------	----------------------------	----------------------------------	--



RECOVERY
PHYSICAL
THERAPY, P.C.

PATIENT NAME: Travis Gumbert
DX:

DATE: 11/29/06

Subjective: Unremarkable ☒ No new complaints Increase/Decrease pain after last visit
Patient pain level @ 10 @ hip vs hurting p. side @ home

Objective: Area treated: Drank Swelling: Ecchymosis:
ROM: 20/07/1 (from DEFP (1 aft 2nd 1st stretch
Strength: SLC @ hip V → 477P.
Function: there is no chart. Add. 100P.

Assessment: SPG Current: Met: LTG Current: Met:
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy
Comments: At home. Instructed pt to wear off of w/c → @ A.C. to
come to PT. Pt already came A.C. around the knee

Therapist's Signature: [Signature]

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation	
--------------------------------	----------------------------	----------------------------------	--	------------------------------------	----------------------------	----------------------------------	--

DATE: 12/1/06

Subjective: Unremarkable ☒ No new complaints Increase/Decrease pain after last visit
Patient pain level @ 10

Objective: Area treated: Drank ORF Swelling: Ecchymosis:
ROM: WFL
Strength: Remains to be seen medial incisional scar
Function:

Assessment: STG Current: Met: LTG Current: Met:
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy
Comments: Apprehensive to FWB. Encourage to D/C w/c
Given TB for HBP. 40.

Therapist's Signature: [Signature]

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation	
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RECOVERY
PHYSICAL
THERAPY, P.C.

PATIENT NAME: Travis Garbers
DX:

DATE: 12/4/06

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
Patient pain level @ 5 /10 I felt very sore 5 the PT did the massage.

Objective: Area treated: (L) Ankle Swelling: (2) Ecchymosis: (0)
ROM: right heel cords.
Strength: palpation: marked tenderness @ the proximal medial tibia
Function: swelling @ the medial tibia ther ex per flow sheet

Assessment: STG Current: Met: LTG Current: Met:
X Pt tolerated treatment well X Home exercise program reviewed X Ther Ex program as per flow sheet

Plan: X Upgrade activities as tolerated/per protocol Discharge from Physical Therapy
Comments: program just a time immobility exp'd

Therapist's Signature: [Signature] 021420-1NY

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation	
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DATE: 12/6/06

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
Patient pain level @ 6 /10 it was very sore. it did more swelling.

Objective: Area treated: (L) ankle Swelling: (5) Ecchymosis: (0)
ROM: right heel cords.
Strength: no
Function: WBAT → (L) LE not able to walk anteroposterior 2) balance: unable to perform

Assessment: STG Current: Met: LTG Current: Met:
X Pt tolerated treatment well X Home exercise program reviewed X Ther Ex program as per flow sheet

Plan: X Upgrade activities as tolerated/per protocol Discharge from Physical Therapy
Comments: Pt requires PC for proper heel strike, for off pattern anteloposterior

Therapist's Signature: [Signature] 021420-1NY

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation	
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RECOVERY
PHYSICAL
THERAPY, P.C.

PATIENT NAME: Travis Gomas
DX: _____

DATE: 12/8/06

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
Patient pain level @ 10

Objective: Area treated: _____ Swelling: LC Ecchymosis: _____
ROM: _____
Strength: _____
Function: _____

Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
Pt tolerated treatment well _____ Home exercise program reviewed _____ Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol _____ Discharge from Physical Therapy

Comments: _____

Therapist's Signature: [Signature] PT OLIVIA

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 12/11/06

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
Patient pain level @ 5 /10 I walked 5 blocks & swelling went down but it was very sore

Objective: Area treated: (L) ankle Swelling: (2) Ecchymosis: (2)
ROM: light heel cords
Strength: Perception: (2) muscle sensitive
Function: The can go on the

Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
Pt tolerated treatment well _____ Home exercise program reviewed _____ Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol _____ Discharge from Physical Therapy

Comments: Primary - Top Ankle & 1 week next month

Therapist's Signature: [Signature] PT OLIVIA

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>4</u>	97140 Manual Therapy	G0281 Electric Stimulation
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RECOVERY
PHYSICAL
THERAPY, P.C.PATIENT NAME: Travis Gumbert
DX:DATE: 12/13/06Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
Patient pain level @ 3 /10 Sharp yesterday @ 7/10 Noticeable w/ day weather.Objective: Area treated: (L) Ankle/foot Swelling: 0 Ecchymosis: 0
ROM: _____
Strength: _____
Function: Pt ambulates 2 w/ crutches w/ SAT Ther ex per flow sheetAssessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheetPlan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy
Comments: gait -> Progressed to SAT (cane) on all level surfaces w/ SAT
① LC.Therapist's Signature: JC Castell PT 021420-mg

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 12/15/06Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
Patient pain level @ 5 /10 I am home in the house of my ankleObjective: Area treated: (L) Ankle Swelling: 0 Ecchymosis: 0
ROM: to, ht achilles,
Strength: _____
Function: Ambulates 2 w/ crutch, SAT on all surfaces Ther ex per flow sheetAssessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheetPlan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy
Comments: Gait: progressed to SAT 2 w/ crutch to be worn for
4-6 weeks as per mo
Pain @ distal ankle is related to soft tissue and bony tendons,Therapist's Signature: JC Castell PT 021420-mg

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation
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RECOVERY
PHYSICAL
THERAPY, P.C.

PATIENT NAME: T Gaynes
DX: _____

DATE: 12/20/06

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
Patient pain level @ 5 /10 10 of air cut mobility the foot
down & up of foot

Objective: Area treated: (L) foot Swelling: 0 Ecchymosis: 0
ROM: ↓ heel strike dry gait
Strength: ↓ ankle eversion
Function: ankle & hip (L) knee.

Assessment: STG Current: Met Met: Met LTG Current: Met Met: Met
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy
Comments: monitor pain @ foot (in cast)

Therapist's Signature: J Carter PT 021420-17

97001
Initial
Evaluation

97002
Re-
Evaluation

97110
Therapeutic
Exercise

97112
Neuromuscular
Re-education

97530
Therapeutic
Activities

97140
Manual
Therapy

G0281
Electric
Stimulation

DATE: 12/22/06

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
Patient pain level @ 5 /10 I still have pain if I walk for awhile.
The cast still hurts.

Objective: Area treated: (L) ankle Swelling: 0 Ecchymosis: 0
ROM: ↓ ankle eversion
Strength: 4/5 TL
Function: Impaired ambulation, ↓ ambulation distance. The cast is still sore.

Assessment: STG Current: Met Met: Met LTG Current: Met Met: Met
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy
Comments: Pt requires VC for pain relief. No 40 & air cut
to go.

Therapist's Signature: J Carter PT 021420-17

97001
Initial
Evaluation

97002
Re-
Evaluation

97110
Therapeutic
Exercise

97112
Neuromuscular
Re-education

97530
Therapeutic
Activities

97140
Manual
Therapy

G0281
Electric
Stimulation



RECOVERY
PHYSICAL
THERAPY, P.C.

PATIENT NAME: Travis Gonzalez
DX:

DATE: 1/4/29/06

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
Patient pain level @ 5 /10 "I still have pain in each side of it
more on the inside."

Objective: Area treated: (L) Ankle/Gait Swelling: (-) Ecchymosis: (-)
ROM: 4 heel cords tight capsule
Strength: 4/5 Tib Perfor: min 10 ticks @ the ankle (medial)
Function: Scar - No not healing, not revised leg (lower gait)

Assessment: STG Current: Met: LTG Current: Met:
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

Comments: L pain at day gait.
Pt smokes - has diabetes - may be improving body process.
gait - tendons related to gait/Bio-mechanics, & heel strike/fore foot

Therapist's Signature: J Castelli PT 021420-1m

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation	
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DATE: 1/3/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
Patient pain level @ 5 /10 dis of swelling in (L) ankle, trouble getting on stairs.

Objective: Area treated: (L) Ankle Swelling: (-) Ecchymosis: (-)
ROM: tight heel cords.
Strength: 10.5 cm difference - Travis correct measurement Ther ex per flow sheet
Function: vs (R) ankle

Assessment: STG Current: Met: LTG Current: Met:
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

Comments: gait improving
Some over reaction to perforation @ the 5th app. It
no swelling or deformity present.

Therapist's Signature: J Castelli PT 021420-1m

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation	
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RECOVERY
PHYSICAL
THERAPY, P.C.

PATIENT NAME: Travis Gamper
DX:

DATE: 1/8/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
Patient pain level @ 5 /10 it was sore from the waist down
yesterday. It had been more, checked normal?

Objective: Area treated: (L) Ankle Swelling: (0) Ecchymosis: (0)
ROM: tight heel cord
Strength:
Function: Palpation: moderate tenderness @ the Ther Ex per flow sheet
medial malleolus

Assessment: STG Current: Met: LTG Current: Met:
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy
Comments: Mild Antalgic post today corrected & verbal cues
med Calf pain/tenderness 2 to Altered Biomechanics during gait.

Therapist's Signature: [Signature] PT 021425 my

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 1/8/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
Patient pain level @ 5 /10 alt wrist too bad but I get sharp
pain in the inside of my neck

Objective: Area treated: (L) Ankle Swelling: (0) Ecchymosis: (0)
ROM:
Strength: Palpation: (M) medial malleolus 1/2 to 1/3 to medial malleolus and medial to Tibia
Function: Ther Ex per flow sheet

Assessment: STG Current: Met: LTG Current: Met:
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy
Comments: - soft knee exercises 2 to altered gait pattern.
release 2 days from malleolus

Therapist's Signature: [Signature] PT 021425 my

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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RECOVERY
PHYSICAL
THERAPY, P.C.
 PATIENT NAME: Travis Gamper
 DX: _____

 DATE: 1/10/07

 Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
 Patient pain level @ 4 /10 OK, still very stiff

 Objective: Area treated: (D) Ankle Swelling: (-) Ecchymosis: (-)
 ROM: plantar (+) medial (distal) leg - tibia
 Strength: (+) medial sec. - caudal
 Function: 2-4: mild antalgic pattern Ther ex OK

 Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

 Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

 Comments: Pt still exhibits per Odum on (D)

 Therapist's Signature: [Signature] Castell P. 021420-1W4

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation
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 DATE: 1/12/07

 Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
 Patient pain level @ 5 /10 I don't understand why she has some numbness in my foot.

 Objective: Area treated: (D) Ankle Swelling: (-) Ecchymosis: (-)
 ROM: ↓ heel Gait,
 Strength: was 4/5 plantar plant.
 Function: Antalgic gait on all surfaces

 Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

 Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

 Comments: Ther ex per flow sheet
Not swollen, so may be related to diabetes.

 Therapist's Signature: [Signature] Castell P. 021420-1W4

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation
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RECOVERY
PHYSICAL
THERAPY, P.C.

PATIENT NAME: Trevin Gampers
DX: _____

DATE: 1/15/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
Patient pain level @ 5 /10 my whole body aches, so much when the weather is cold and damp.
40 miled miles 30 min.

Objective: Area treated: (L) ankle Swelling: (-) Ecchymosis: (-)
ROM: light heel walk
Strength: 4/5 TL
Function: down stairs - abundant There is no pain when walking

Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

Comments: Capable of doing mild activities, including
pt stated has mild to moderate difficulty walking, possible non-accident related.
MMT not needed.

Therapist's Signature: J. Costello PT 021420-107

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 1/17/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
Patient pain level @ 5 /10 less pain in the outside of the foot/Ankle
Pain is less frequent but still occurs about 5/10

Objective: Area treated: (L) ankle foot Swelling: (-) Ecchymosis: (-)
ROM: 80° to 90° PF
Strength: 4/5
Function: mild activity after (L) - counted in VC's

Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

Comments: Pt has tendency to favor (R) LE and doesn't heel strike consistently.

Therapist's Signature: J. Costello PT 021420-107

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation
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RECOVERY
PHYSICAL
THERAPY, P.C.PATIENT NAME: Travis Grampers
DX: _____DATE: 1/19/07Subjective: Unremarkable No new complaints Increase/Decrease pain after last visitPatient pain level @ 5 /10Objective: Area treated: _____ Swelling: _____ Ecchymosis: _____
ROM: _____
Strength: _____
Function: _____Assessment: STG Current: _____ Met: _____ LTG Current: (LG) Met: _____
_____ Pt tolerated treatment well _____ Home exercise program reviewed _____ Ther Ex program as per flow sheetPlan: _____ Upgrade activities as tolerated/per protocol _____ Discharge from Physical Therapy
Comments: _____

Therapist's Signature: _____

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 1/22/07Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
Patient pain level @ 5 /10 Clot hurts when at walk for whileObjective: Area treated: (L) ankle Swelling: (-) Ecchymosis: (-)
ROM: _____
Strength: Palpation: mid lateral leg - marked tenderness EO - (+)
Function: Ther Ex per flow sheetAssessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
_____ Pt tolerated treatment well _____ Home exercise program reviewed _____ Ther Ex program as per flow sheet

Plan: _____ Upgrade activities as tolerated/per protocol _____ Discharge from Physical Therapy

Comments: Pain may be diabetic related and occur in the midline of the leg and
minimal activity.

Therapist's Signature: _____

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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 PATIENT NAME: T. Gunders
 DX: _____

 DATE: 1/24/07

 Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit

 Patient pain level @ 8/10 g - lateral knee leg, no swelling - tingling p.

 Objective: Area treated: (L) foot Swelling: 0 Ecchymosis: 0
 ROM: _____
 Strength: Palpat & tingling, & swelling, no trophic D.
 Function: _____

 Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
 Pt tolerated treatment well _____ Home exercise program reviewed _____ Ther Ex program as per flow sheet

 Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

 Comments: Possible peripheral neuropathy no results 1/25/07
case or ketosis for p. num

 Therapist's Signature: J. Costa PT 021423-17

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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 DATE: 1/26/07

 Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
 Patient pain level @ /10

 Objective: Area treated: L/C Swelling: _____ Ecchymosis: _____
 ROM: _____
 Strength: Sprain called - denied to Ex last night & 1400 and
 Function: pain.

 Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
 Pt tolerated treatment well _____ Home exercise program reviewed _____ Ther Ex program as per flow sheet

 Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

 Comments: L/C

 Therapist's Signature: [Signature]

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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RECOVERY
PHYSICAL
THERAPY, P.C.PATIENT NAME: T. Gander
DX: _____DATE: 1/29/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
 Patient pain level @ /10 Called hospital and overruled

Objective: Area treated: Swelling: Ecchymosis:
 ROM: Assessment, p/c it had
 Strength: long more tests, and this week
 Function: W

Assessment: STG Current: Met: LTG Current: Met:
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

Comments:

Therapist's Signature:

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation	
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DATE: 2/12/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
 Patient pain level @ 5 /10 Pain surgeon last week I will have to have two injections
(met) later with @ end of the yr. It's later last night.

Objective: Area treated: (L) ankle Swelling: (S) Ecchymosis: (S)
 ROM: no wkl, except for left ankle (L)
 Strength:
 Function: Palms! (L) time, Ext. digt Three per flow sheet

Assessment: STG Current: Met: LTG Current: Met:
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

Comments: Pain over the ankle - make sure it's not too bad
The ex: Pile, Pave, 4 way and mobilization, and not tolerate left knee surgery
2° to pain

Therapist's Signature:

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation	
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RECOVERY
PHYSICAL
THERAPY, P.C.

2/16/07

PATIENT NAME: Travis Gansboro
DX

DATE: _____

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
 Patient pain level @ 5 /10 Pain in the front of the ankle when it swells, especially
at all the movements on the ground.

Objective: Area treated: (L) Ankle Swelling: (-) Ecchymosis: (-)
 ROM: tight heel cord,
 Strength: Palpated: moderate tenderness @ talus, calcaneus distal tibia tenderness
 Function: mild A-Achilles joint Ther ex on floor

Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy
 Comments: pt's soft tissue response mild tenderness @ the calcaneus distal tibia tenderness
monitored closely.

Therapist's Signature: J. C. [Signature] PT 021422-17

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 2/19/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
 Patient pain level @ 5 /10 pt. Gt of anterior ankle pain.

Objective: Area treated: (L) Ankle Swelling: (-) Ecchymosis: (-)
 ROM: _____
 Strength: Palpated: moderate tenderness @ the proximal tibia,
 Function: withheld.

Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy
 Comments: most likely exp'ing pain from medial "hardware" in ankle.
Pt expects hardware to be removed in Sept '07

Therapist's Signature: J. C. [Signature] PT 021422-17

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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 PATIENT NAME: Trow, Gamber
 DX: _____
DATE: 2/23/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
 Patient pain level @ 6 /10 sharp pain @ flex, mostly dull/achy @ rest
Very sharp @ exercises but takes off and feels better

Objective: Area treated: - Ankle - (L) Swelling: mild Ecchymosis: 0
 ROM: flex, heel cord
 Strength: 4/5
 Function: 1) Pain in deep bending sitting, stairs, T↓, Pain in 2 city blocks

Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
 Pt tolerated treatment well _____ Home exercise program reviewed _____ Ther Ex program as per flow s

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy
 Comments: - Pt exp's pain / swelling & prolonged sitting > 30 min
- Pt feels muscle pain during walking, takes 10 min, T↓

Therapist's Signature: _____

J. Carter PT 021420-17

(KX)

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 2/28/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
 Patient pain level @ 5 /10 "My Ankle was achy a lot last 3 days. Walking was difficult on cob surfaces."

Objective: Area treated: (L) Ankle Swelling: (-) Ecchymosis: (-)
 ROM: flex, heel cord
 Strength: no
 Function: gait: mild antalgic gait (L) Ther ex per flow sheet
T↓ heel strike, shoe pain

Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
 Pt tolerated treatment well _____ Home exercise program reviewed _____ Ther Ex program as per flow st

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy
 Comments: Pt had pain from gait to lateral ankle and medial
distal tibia. mild relief in soft shoe

Therapist's Signature: _____

J. Carter PT 021420-17

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation
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RECOVERY
PHYSICAL
THERAPY, P.C.PATIENT NAME: T Lewis, GankusDATE: 3/2/07

DX:

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
 Patient pain level @ 5 /10 This morning is so rough on the ankle. It's very sore and painful.

Objective: Area treated: Ankle (L) Swelling: (0) Ecchymosis: (0)

ROM:

Strength:

Function:

Palpation: marked pain upon palpation of talus, lateral talar tilt
and distal tibia. E unremarkable.

Assessment: STG Current: Met LTG Current: Met
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow s

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

Comments: worked on soft tissue mobilization, per manual, Bader
proprioception to talus

Therapist's Signature: [Signature]

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation	<u>1/2</u>
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DATE: 3/5

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
 Patient pain level @ 5 /10 marked pain on each side of Tarsal

Objective: Area treated: (L) ankle Swelling: (0) Ecchymosis: (0)

ROM:

Strength:

Function:

1st, 2nd, 3rd, 4th, 5th toes
4/5 Tars - 1st, 2nd, 3rd, 4th, 5th toes, Transverse plane (0)
Palpation: marked tenderness @ the distal tibia/fibula to tarsus
and lateral fib (distal).

Assessment: STG Current: Met LTG Current: Met
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sh

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

Comments: possible pin (can not feel right)

Therapist's Signature: [Signature]

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation	<u>1/2</u>
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RECOVERY
PHYSICAL
THERAPY, P.C.PATIENT NAME: Travis GambusDATE: 3/7/07

DX: _____

Subjective _____ Unremarkable _____ No new complaints _____ Increase/Decrease pain after last visit
 Patient pain level @ 5 /10 "Pain is going up stairs, sharp on sides of knee"
"I electate it for relief"

Objective Area treated: (L) ankle Swelling: 0 Ecchymosis: 0
 ROM: hip and heel cord.
 Strength: Palpate: m-L RT (+)
 Function: Ther ex program, m.: BAPs level 4

Assessment STG Current: _____ Met: _____ LTG Current: _____ Met: _____
 Pt tolerated treatment well _____ Home exercise program reviewed _____ Ther Ex program as per flow sheet

Plan: _____ Upgrade activities as tolerated/per protocol _____ Discharge from Physical Therapy

Comments: Pat is progressing and soft tissue flexibility, BAPs
properly up
- most likely notal implant causing pain @ (L) talonavicular joint and distal tibia/fib.

Therapist's Signature: J. C. [Signature]

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 3/4/07

Subjective _____ Unremarkable _____ No new complaints _____ Increase/Decrease pain after last visit
 Patient pain level @ _____ /10 _____

Objective: Area treated: _____ Swelling: _____ Ecchymosis: _____
 ROM: _____
 Strength: _____
 Function: _____

Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
 Pt tolerated treatment well _____ Home exercise program reviewed _____ Ther Ex program as per flow sheet

Plan: _____ Upgrade activities as tolerated/per protocol _____ Discharge from Physical Therapy

Comments: _____Therapist's Signature: J. C. [Signature]

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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RECOVERY
PHYSICAL
THERAPY, P.C.

PATIENT NAME: Travis Gathers
DX: _____

DATE: 3/12/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
Patient pain level @ 5 /10

Objective: Area treated: (L) Ankle Swelling: (0) Ecchymosis: (0)
ROM: tight ankle
Strength: 4/5 Plantar flex. Tib.
Function: subtle gait (L) There is no pain

Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

Comments: ↓ Swelling over time, monitor closely and
Take NSAIDs regularly, this if condition doesn't change

Therapist's Signature: [Signature] PT 021420-17

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation	<u>KX</u>
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DATE: 3/14/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
Patient pain level @ 5 /10 (I had pain in ankle on the side of
the ankle)

Objective: Area treated: (L) Ankle Swelling: (0) Ecchymosis: (0)
ROM: no a, tight heel cord
Strength: 4/5
Function: Improved gait/Heel response There is no pain

Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

Comments: more sensitive today @ tarsal x: 3/12/07
still no pain

Therapist's Signature: [Signature] PT 021420-17

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation	<u>KX</u>
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RECOVER
PHYSIC
THERAPYPATIENT NAME: Tina G. Gosh
DX: _____DATE: 3/16/07Subjective: Unremarkable No new complaints Increase/Decrease pain after last visitPatient pain level @ 10Objective: Area treated: _____ Swelling: _____ Ecchymosis: _____
ROM: _____
Strength: _____
Function: _____Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
Pt tolerated treatment well _____ Home exercise program reviewed _____ Ther Ex program as per flow

Plan: Upgrade activities as tolerated/per protocol _____ Discharge from Physical Therapy

Comments: _____

Therapist's signature: _____

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 3/23/07Subjective: Unremarkable No new complaints Increase/Decrease pain after last visitPatient pain level @ 10 also some pain @ the lateral ankle
not on the floor - the pain is to the floorObjective: Area treated: (L) calf Swelling: (-) Ecchymosis: (-)
ROM: flex, ext, plantar, MFC (R)
Strength: 4th line, 4th line, 4th line
Function: Functional gait - mild swelling Ther ex: 15 kg, 15 min, 15 minAssessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
Pt tolerated treatment well _____ Home exercise program reviewed _____ Ther Ex program as per flowPlan: Upgrade activities as tolerated/per protocol _____ Discharge from Physical TherapyComments: Pt has Preceptor for knee treatment, 3rd appears to be corrected
to Comp - floor up. Rx is

Therapist's signature: _____

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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RECOVER
PHYSIC
THERAPY.PATIENT NAME: Travis Gathers
DX: _____DATE: 3/26/07Subjective: Unremarkable No new complaints Increase/Decrease pain after last visitPatient pain level @ 10 low foot back but not my leg
to legObjective: Area treated: (1) knee (2) knee Swelling: (0) Ecchymosis: (0)ROM: ↓ heel c-dsStrength: Palpation: (0) medial (distal knee)Function: (0) knee (0) hipThe ex per flowAssessment: ~~STG Current:~~ Met: LTG Current: Met:
~~Pt tolerated treatment well~~ Home exercise program reviewed Ther Ex program as per flowPlan: Upgrade activities as tolerated/per protocol Discharge from Physical TherapyComments: Soreness cap @ RF cryo on AHS (0) field of view on knee

Therapist's signature: _____

J. Castell PT 021420-104

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 3/28/07Subjective: Unremarkable No new complaints Increase/Decrease pain after last visitPatient pain level @ 5 /10 my knee feels betterObjective: Area treated: (1) Ankle Swelling: (0) Ecchymosis: (0)ROM: mild tightness @ anklesStrength: NO new Ds. Rx same as 3/26/07

Function: _____

The cap is fineAssessment: ~~STG Current:~~ Met: LTG Current: Met:
~~Pt tolerated treatment well~~ Home exercise program reviewed Ther Ex program as per flowPlan: Upgrade activities as tolerated/per protocol Discharge from Physical TherapyComments: ↓ Sensation over lateral aspect - lateral malleolus?
(-) Ankle, PR, DF, INV, (0) EV

Therapist's signature: _____

J. Castell PT 021420-104

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation
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 PATIENT NAME: Travis Gathers
 DX: _____

 DATE: 3/30/07

 Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
 Patient pain level @ 3 /10 My ankle on the side hurt.

 Objective: Area treated: (C) heel Swelling: (0) Ecchymosis: (0)
 ROM: tight heel cord
 Strength: Palmar: moderate tension @ EO tendons and ankle
 Function: Signs: T hip strategy Ther ex as per fl

 Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per fl

 Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy
 Comments: OK 2 wks - 2 wks

 Therapist's Signature: [Signature] PT 021420-107

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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 DATE: 4/4/07

 Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
 Patient pain level @ _____ /10

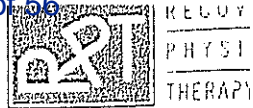
 Objective: Area treated: (K) heel Swelling: (F) Ecchymosis: (0)
 ROM: WFL
 Strength: _____
 Function: then as per flow sheet

 Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per fl

 Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy
 Comments: Progressing well Bal / prop training

 Therapist's Signature: [Signature] PT 021420-107

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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PATIENT NAME: Travis Gamber
 DX: _____

DATE: 7/9/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last vis

Patient pain level @ 0 /10 I feel good for the 1st time
in ages, there isn't any pain

Objective: Area treated: (L) Ankle Swelling: (0) Ecchymosis: (0)
 ROM: _____

Strength: 4/5 - Frontal pain

Function: Palpation: mild tenderness @ lateral pro a Ed tendon (L) the leg per the chart

Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____

Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flo

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

Comments: Pt doing better, d/c 1-2 weeks, need to see consistency of low
pain levels. (KX)

Therapist's Signature: J. C. [Signature] 021420-17

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 7/11/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last vis

Patient pain level @ 0 /10 less pain today
some tenderness @ the Ed tendon

Objective: Area treated: (L) Ankle Swelling: (0) Ecchymosis: (0)
 ROM: _____

Strength: no more weakness, noted

Function: the leg per the chart

Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____

Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flo

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

Comments: DC not needed (KX)

Therapist's Signature: J. C. [Signature] 021420-17

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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PATIENT NAME T. Gashen
 DN
DATE: 9/13/07
 Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
 Patient pain level @ 0 /10 no pain again just some p/r

 Objective: Area treated: (L) Ankle Swelling: 0 Ecchymosis: 0
 ROM: Left heel walk - BL
 Strength: Anterior P/line 4/5 Sagittal P/line 4 1/2 - slowly correct
 Function: Anterior → +, P/line 1/2, 1/2 mile 3 diff

 Assessment: STG Current Met: LTG Current: Met:
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow s

 Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

 Comments: D/c next week 2 hrs
at day with (15)
Therapist's Signature: J. Costello PT 021420-ny

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 9/18/07
 Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
 Patient pain level @ 0 /10 no pain today

 Objective: Area treated: (L) Ankle Swelling: 0 Ecchymosis: 0
 ROM: Review of home program / self care - Posterior Chain Strengthening, Iliopsoas
 Strength: Review of home program / self care - Posterior Chain Strengthening, Iliopsoas
 Function: Review of home program / self care - Posterior Chain Strengthening, Iliopsoas

 Assessment: STG Current: Met: LTG Current: Met:
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sh

 Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

 Comments: D/c next visit
Consistency has been demonstrated (15)
Therapist's Signature: J. Costello PT 021420-ny

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation
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RECOVERY
PHYSICAL
THERAPY, P.C.PATIENT NAME: Travis Gamber
DNDATE: 4/20/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
 Patient pain level @ 0 /10 no pain, I feel it more some very less
2 rehab

Objective: Area treated: (D) ankle Swelling: 0 Ecchymosis: 0
 ROM: (L) 10° DF, PF 50°, INV 30°, EV 15°
 Strength: 4+/5 - T's
 Function: Swing of leg - Squaring, Pushing / Pulling - slight restriction

Assessment: STG Current: Met LTG Current: Met
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

Comments: OK to HEP / Self care
Pt only on M-L Tb near prosthesis
Hindfoot removal - tentative for Sept/Oct 2007 (KX)

Therapist's Signature: J. Costello PT 02142001

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise <u>2</u>	97112 Neuromuscular Re-education <u>1</u>	97530 Therapeutic Activities <u>1</u>	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: _____

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit
 Patient pain level @ _____ /10

Objective: Area treated: _____ Swelling: _____ Ecchymosis: _____
 ROM: _____
 Strength: _____
 Function: _____

Assessment: STG Current: _____ Met: _____ LTG Current: _____ Met: _____
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

Comments: _____

Therapist's Signature: _____

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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07/31/2007 08:03 FAX

002/012

LENOX HILL HOSPITAL
DEPARTMENT OF RADIOLOGY
Final

PATIENT: GAMBERS, TRAVIS C
MR NO: 558346
DOB: 06/22/1948
ATTENDING PHYSICIAN: STUART D. KATCHIS, MD
ORDERING PHYSICIAN: STUART D. KATCHIS, MD
EXAM: 04/23/2007 1004 XR ANKLE-LEFT-COMPLETE
PT TYPE: OP
ACCT #: 101312168
HOSP SVC: RBH CLI: PAR
CPT: 73610LT

ADMIT DIAGNOSIS: UNS ARTHROPATHY LOWE
REASON:
S/P LEFT ANKLE SURGERY WITH A DIFFERENT MD WILL TAKE OUT HARDWARE SOMETIME
THIS YEAR

INTERPRETATION:
Indication: Ankle surgery

Three views of the left ankle are compared to the prior examination dated February 8, 2007. The patient is status post internal fixation of the lateral and medial malleoli. There has been marked reduction in soft tissue swelling. The ankle mortise is congruent. Scattered degenerative changes are note

Impression:

Interval reduction of soft tissue swelling.

Signed by 03152 Devon Klein; DICTATED: 4/23/2007 11:29:09 AM; Attending Radiologist: Devon Klein

DICTATED: 04/23/2007
Attending Radiologist

DEVON KLEIN, MD

04/23/2007

ACC#: 16215XR07
LOCATION: RADIOLOGY BLACK HALL
PAGE: 1

07/31/2007 08:03 FAX

003/012

Sent 02/08/2007 13:40:47, Page - 8

LENOX HILL HOSPITAL
DEPARTMENT OF RADIOLOGY
Final

PATIENT: GAMBERS, TRAVIS
MR NO: 558346
DOB: 06/22/1948
ATTENDING PHYSICIAN: STUART D. KATCHIS, MD
ORDERING PHYSICIAN: STUART D. KATCHIS, MD
EXAM: 02/08/2007 1337 XR ANKLE-LEFT-COMLETE
PT TYPE: OP
ACCT #: 101278042
HOSP SVC: RBH CLI: PAR
CPT: 73610LT

ADMIT DIAGNOSIS:
REASON:
PAIN

INTERPRETATION:
Indication: Pain, fracture

Three views of the left ankle are submitted. The patient is status-post ORIF of the distal fibula and medial malleolus. There is a minimally displaced fracture fragment at the tip of the fibula. The ankle mortise is congruent. A curvilinear density seen on the lateral view posterior to the tibia may represent present a minimally displaced fracture of the posterior plafond. Diffuse soft tissue swelling is identified.

Impression:

Fractures of the tibia and fibula with fixation hardware as above. Soft tissue swelling.

Signed by 03152 Devon Klein; DICTATED: 2/8/2007 1:31:22 PM; Attending Radiologist: Devon Klein

DICTATED: 02/08/2007
Attending Radiologist DEVON KLEIN, MD 02/08/2007

ACC#: 5651XR07
LOCATION: RADIOLOGY BLACK HALL
PAGE: 1

07/31/2007 08:03 FAX

004/012

Sent 03/21/2007 10:33:52, Page - 2

LENOX HILL HOSPITAL
DEPARTMENT OF RADIOLOGY
Final

PATIENT: GAMBERS, TRAVIS PT TYPE: OP
MR NO: 558346 ACCT #: 101297109
DOB: 06/22/1948 HOSP SVC: RBH CLI: PAR
ATTENDING PHYSICIAN: STUART D. KATCHIS, MD
ORDERING PHYSICIAN: STUART D. KATCHIS, MD
EXAM: 03/21/2007 1004 XR KNEE-RIGHT-4 OR MORE VIEWS CPT:73564RT

ADMIT DIAGNOSIS:
REASON:
PAIN

INTERPRETATION:
X-RAY RIGHT KNEE

AP, lateral, merchant, tunnel views

Mild decreased bony mineralization. Minimal joint space narrowing of the medial compartment. No fracture. No chondrocalcinosis. No definite knee joint effusion. Tibial spine osteophytosis. Normal position of patella. Mild joint space narrowing patellofemoral joint. Inferior pole patellar enthesopathy

IMPRESSION: Mild arthritic changes as described above

Reviewed By 03283 Allen Goodman
Signed By 03283 Allen Goodman

Dictated: 03/21/2007
Attending Radiologist ALLEN GOODMAN, MD 03/21/2007

ACC#: 11686XR07
LOCATION: RADIOLOGY BLACK HALL
PAGE: 1

07/31/2007 08:04 FAX

005/012

Stuart D. Katchis, M.D., P.C.
130 East 77th Street
New York, New York 10021
Tel: (212) 434-4920
Fax: (212) 434-2844

RE: Travis Gambers

DATE OF SERVICE: 4/23/07

FOLLOW UP VISIT:

Now seven months after ORIF of his ankle in Mexico where he was on vacation. He is making progress. He is still tender on the medial side where the hardware is, but he also has noticed that he is numb in the area of distribution of the saphenous nerve on the top of the foot. It reaches up to his medial ankle but it does not go higher than that. ROM is improving. It is now beyond neutral degrees and he has good plantar flexion. He can walk comfortably without the cane, though he takes it outside because he is still somewhat unsure on his feet. He has completed his PT and moved onto a home exercise program.

X-rays: X-rays taken standing today demonstrate overall good alignment and good healing of the fracture. There is an ossicle at the tip of the fibula which looks partially healed. There is signs of some narrowing of the tibiotalar joint, but still a reasonable joint space remains.

Plan: He will return and see me at the end of the summer or sooner if he has any problem. We will probably plan at that time to remove his hardware.

Stuart D. Katchis, M.D.

SK:ecs

07/31/2007 08:04 FAX

006/012

Stuart D. Katchis, M.D., P.C.
130 East 77th Street
New York, New York 10021
Tel: (212) 434-4920
Fax: (212) 434-2844

RE: Travis Gambers

DATE OF SERVICE: 3/21/07

FOLLOW UP VISIT:

His ankle is doing reasonably well. Wound is clean and dry. He still gets some pain from the hardware on the medial side. Overall, it appears to be progressing nicely. He needs to strengthen it more.

He has a new problem: Right knee where 48 hours ago he was on his knees fixing a computer and had a significant amount of pain when he got up proximal to the patella. He has good ROM. He can fully straighten the leg. he has full power in the leg. He does have some tenderness over the distal quadriceps tendon along the medial side. I think most likely this is a tendinitis.

Plan: We will refer him back to his physical therapist to deal with that. He will return in four weeks.

Stuart D. Katchis, M.D.

SK:ecs

07/31/2007 08:05 FAX

007/012

Stuart D. Katchis, M.D., P.C.
130 East 77th Street
New York, New York 10021
Tel: (212) 434-4920
Fax: (212) 434-2844

RE: Travis Gambers

DATE OF SERVICE: 2/8/07

FOLLOW UP VISIT:

He has had some medical problems since our last visit; having been admitted with abdominal problems. He is here for evaluation of his ankle which is still giving him a problem, especially at the tip of the fibula in the anteromedial aspect of the ankle.

X-rays: Taken today demonstrate what I believe is some loose bone at the tip of the fibula and the anteromedial screw looks to be sitting anterior to the joint.

Plan: I believe the patient eventually is going to require ROH, and most likely debridement of the bone fragments which are now giving him a problem. He has missed a lot of therapy and it is possible that with the appropriate therapy he may not have too much of a problem. He needs to get back into PT. Return at the end of PT.

Stuart D. Katchis, M.D.

SK:ecs

07/31/2007 08:05 FAX

008/012

Stuart D. Katchis, M.D., P.C.
130 East 77th Street
New York, New York 10021
Tel: (212) 434-4920
Fax: (212) 434-2844

RE: Travis Gambers

DATE OF SERVICE: 12/14/06

FOLLOW UP VISIT:

He is doing well with his ankle. Overall alignment is good. ROM is good.
He has been walking partial weightbearing in the boot.

X-rays: Taken today show good position of the fracture and hardware.

Plan: He is put into an Air cast brace. I will see him back in one month.

Stuart D. Katchis, M.D.

SK:ecs

07/31/2007 08:05 FAX

009/012

Stuart D. Katchis, M.D., P.C.
130 East 77th Street
New York, New York 10021
Tel: (212) 434-4920
Fax: (212) 434-2844

RE: Travis Gambers

DATE OF SERVICE: 11/16/06

FOLLOW UP VISIT:

He is still having difficulty with his ankle. It has been seven weeks since the surgery. He still has not done much in the way of weightbearing. We will begin the PT now.

Physical Examination: Wounds are clean and dry. No sign of infection.

Plan: I will see him back again in four weeks. Hopefully we will be able to change him into an Air cast brace at that time. For the time being I prefer that he continue with his Cam walker.

Stuart D. Katchis, M.D.

SK:ecs

07/31/2007 08:06 FAX

010/012

Stuart D. Katchis, M.D., P.C.
130 East 77th Street
New York, New York 10021
Tel: (212) 434-4920
Fax: (212) 434-2844

RE: Travis Gambers

DATE OF SERVICE: 10/30/06

FOLLOW UP VISIT:

His wounds are clean and dry. The cast is removed today.

X-rays: Fluoroscan x-rays show good position of the mortise.

Plan: He is now placed in a Cam walker boot. He will be nonweightbearing but able to do ROM exercises of the ankle. Return in three weeks. I hope to start him at that time with some weightbearing activities.

Stuart D. Katchis, M.D.

SK:ecs

07/31/2007 08:06 FAX

011/012

Stuart D. Katchis, M.D., P.C.

130 East 77th Street
New York, New York 10021
Tel: (212) 434-4920
Fax: (212) 434-2844

RE: Travis Gambers

DATE OF SERVICE: 10/10/06

FOLLOW UP VISIT:

His wounds are clean and dry. He is a little bit swollen. He is still having some pain in the ankle but there are no signs of infection. His staples are removed.

X-rays: Show good position of the bone.

Plan: The patient is placed back into his cast. I will see him back in three weeks. Perhaps we will put him in a Cam walker boot at that time and begin some ROM; he will not be able to do any weightbearing until 8 weeks.

Stuart D. Katchis, M.D.

SK:ecs

07/31/2007 08:06 FAX

012/012

Stuart D. Katchis, M.D., P.C.
130 East 77th Street
New York, New York 10021
Tel: (212) 434-4920
Fax: (212) 434-2844

RE: Travis Gambers (NP)
Referred by: Dr. Alexander Chun
DATE OF SERVICE: 10/3/06

INITIAL ORTHOPAEDIC CONSULTATION:

Chief Complaint: Left ankle problem

History of Present Illness: A 58 year old who presents for evaluation of left ankle surgery. The patient was in Mexico a week ago and sustained a fracture on his left ankle. He was taken to surgery and is here now for f/u. The surgery was done a week ago today.

Past Medical History: Type II diabetes, neuropathy, and epilepsy

Past Surgical History: Left hip replacement in the past.

Physical Examination: A heavy set 598 year old who ambulates nonweightbearing with crutches on the left side. His splint is removed. He has a swollen ankle with incisions laterally and medially.

Radiographs: X-rays brought by the patient are reviewed they demonstrate a non stable bimalleolar fracture that was fixed appropriately. The two medial screws and the plate and screws laterally. Repeat Fluoroscan x-rays are take today and demonstrate overall good bony anatomy without any slippage.

On physical exam again the patient has no tenderness in the calf.

Plan: A short leg cast is placed. The patient will begin aspirin once a day. He is aware that because of the diabetes it is likely that we will have to immobilize for a full 6 and possibly 8 weeks. Return to see me in two weeks for a cast change and suture removal.

Stuart D. Katchis, M.D.

SK:ecs
Cc: Dr. Alexander Chun

DEC.12.2006 03:13

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DEA REG. NO. BK3539660
LIC. NO. 190026-1NAME Travis Gambers AGE ADDRESS DATE 11/16/06

Rx s/p ORIF @ ankle
PT - moderate Rom,
PRE's, proprioception, Gait
training (WBAT), HEP
3x/wk Gals

☐ LABELREFILL TIMESSD

, M.D.

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES 'd w' IN THE BOX BELOW

Dispense As Written